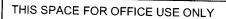


HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org



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STATE OF HAWAII STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

15/26

(Type or Print Clearly)

PARTI LOBBYIST				
NAME (Last)	(First)	(Middle)	TELEPHONE	
TOGUCHI	CHARLES	Т.	221-0327	
MAILING ADDRESS (Street)			FAX	
47-640 HUI ULILI STREET			239-1271	
(City)	(State)		(Zip Code)	
KANEOHE	HI	96744		
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE	
MAILING ADDRESS (Street)			FAX	
ı				
(City)	/Ctata\			
(Oity)	(City) (State)		(Zip Code)	

PART II ORGANIZATION				
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) TELEPHONE				
ETHANOL RESEARCH HAWAII LLC		548-6500		
MAILING ADDRESS (Street)	FAX			
735 BISHOP STREET, S	548-6510			
(City)	(State)	(Zip Code)		
HONOLULU	HI	96813		
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE		
DANIEL KENKNIGHT		548-6500		
MAILING ADDRESS (Street)		FAX		
735 BISHOP STREET, SUITE 412		548-6510		
(City)	(State)	(Zip Code)		
HONOLULU	HI	96813		

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY						
Agriculture	Education	☐ Human Services	Science, Technology & Economic Development			
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	☐ Tourism & Recreation			
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation			
Culture, Arts, Historic Preservation	☐ Health	Planning, Land & WaterUse Management	Other: (indicate below)			
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections				
	ON OF LOBBYIST					
I hereby certify that th	e information furnished abov	e is, to the best of my knowled	ge, correct and complete.			
Charles L'aquelle 1-21-07						
(Signature of Lobbyist)		(Date)				
PART V AUTHORIZAT	ION TO LOBBY					
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENT		R OR PERSON REPRESENTED			
DANIEL KENKNIGHT		MANAGER				
NAME OF ORGANIZATION (if a	applicable)		TELEPHONE			
ETHANOL RESEARCH HAWAII LLC			548-6500			
MAILING ADDRESS (Street)			FAX			
745 BISHOP STREET, SUITE 412			548-6510			
(City)	(State)		(Zip Code)			
HONOLULU	HI					
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned. (Signature of Authorizing Officer or Person Represented)						
(Signature of Authorizing Officer of Person Represented)			(Date)			